



DATE: 2/27/14

This business is licensed by the New York State Department of State, Division of Licensing Services and the State of New Jersey Department of Law & Public Safety, Division of State Police.

**PROPOSAL TO PROVIDE SECURITY OFFICER SERVICES**

CLIENT NAME: **Frances Valerio**

ADDRESS: **53 Anchor Drive**

CITY, STATE, ZIP: **Massapequa, NY 11758** E-MAIL: **lapintaesq@aol.com**

CONTACT PERSON: **Anthony LaPinta, Attorney** TEL. NO. **516-798-6093**

JOB LOCATION(S): **53 Anchor Drive, Massapequa, NY** Attorney: **516-606-8628**

DAYS & HOURS OF SERVICE: **24/7**

The CLIENT requests Security Officer services from EPIC as follows:

1. Services shall be provided on a:

☒ **Monthly Schedule** Meaning minimum 40 hours per week for 30 days. ☒ **Weekly Schedule** Meaning minimum 40 hours per week for one week or less than 40 hours per week for 30 days or more. ☒ **Daily Schedule** Minimum of 8 hours per day per guard

2. Services to be Provided and Charges for Services: **(Uniform Style Optional)**

A. CLIENT requests: ☒ **POLICE TYPE UNIFORMS.** ☐ **BLAZER TYPE UNIFORMS.** ☐ **NOT UNIFORMED.**

B. CLIENT requests: ☒ **UNARMED SECURITY OFFICERS.** ☐ **ARMED SECURITY OFFICERS.** (Level 3 or Level 4 only)

CHARGE PER HOUR

DAILY SCHEDULE WEEKLY SCHEDULE MONTHLY SCHEDULE

☐ **LEVEL 1- "CERTIFIED"-SECURITY OFFICER SERVICE SM**
Level 1 Service is for the client who demands high quality service at the most competitive rates. All Level 1 Security Officers are certified by EPIC to meet all our high standards of selection and training. All EPIC Officers are Bonded. All EPIC Officers are Qualified pursuant to the NY State Security Guard Act.

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☒ **LEVEL 2- "ADVANCED"-SECURITY OFFICER SERVICE SM**
☐ **ALSO NYC FIRE DEPARTMENT CERTIFIED GUARDS**
☐ **ALSO SPECIAL GOVERNMENT REQUIREMENTS (Prevailing Wage)**
Level 2 Service is for the Client who desires exceptional quality service for demanding assignments. Level 2 Officers are more experienced and higher paid. These officers are qualified to fulfill special government requirements.

	\$24.95	\$19.95
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☐ **LEVEL 3- "PERMIT"-SECURITY OFFICER SERVICE SM - (ARMED)**
Level 3 Service provides highly experienced, trained and motivated Armed Security Officers for assignments that demand firearms be carried. All Level 3 Officers have been thoroughly investigated and approved by the required Police Department(s) for their Carry Pistol Permits. Level 3 Officers receive extensive classroom training and live fire range training.

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☒ **LEVEL 4- "POLICE"-SECURITY OFFICER SERVICE SM - (ARMED)**
☒ **ALSO LIEUTENANT LEVEL SUPERVISOR**
Level 4 Officers provide the finest quality service for the most demanding and complex assignments. Level 4 Officers include off-duty or retired Police, Peace or Federal Officers (or equivalent). Level 4 Officers hold the EPIC Rank of Lieutenant or Captain. These Officers are well suited and trained to serve as Supervisors of other Security Officers.

	\$44.95	\$39.95
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☐ **OTHER SERVICE (Describe):**

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ADDITIONAL SPECIALIZED SERVICES/EQUIPMENT

<input checked="" type="checkbox"/>	RADIO MOTOR PATROL VEHICLE(S) "RMP" – FULL SIZE /FULLY EQUIPPED Vehicle equipped with 2-way radio, security rack and security insignia. RMP(s) provided only in conjunction with Uniformed Security Officer Service Level 2, 3 or 4.		\$9.95	\$9.95
<input checked="" type="checkbox"/>	RADIO(S) HAND HELD 2-WAY MOTOROLA MIL/SPEC		No Charge	No Charge
<input type="checkbox"/>	WATCHCLOCK SYSTEMS & KEY STATIONS EPIC can install and maintain a high-tech DIGITAL SECURITY AUTOMATIC GUARD TOUR SYSTEM. Installation in conjunction with Monthly Service only.			
<input type="checkbox"/>	"PATROL ZONE" METAL (2-SIDED) SIGNS Installed in conjunction with Monthly Service only. (Installation made with Tamper-Resistant Hardware)			

ACCEPTANCE OF PROPOSAL BY CLIENT

The above prices, specifications and conditions are satisfactory and hereby accepted.
You are authorized to provide the security services and/or equipment as specified in this proposal.

CLIENT AUTHORIZATION ó Please Print:

Please sign and return to **EPIC:** Company/Organization _____
Government Agency: _____

Authorized Person's Name: _____

Authorized Person's Title: _____

Authorized Person's Signature: ► _____ Date: _____

EPIC SECURITY and **THE EPIC SECURITY SHIELD**
are registered service marks of **EPIC SECURITY CORP.**
THE SECURITY OFFICER "LEVEL" SYSTEM is a
service mark of **EPIC SECURITY CORP.**
MOTOROLA is a trademark of **MOTOROLA, INC.**
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more from your security service! SM

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STYLE UNIFORMS



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- ARMED & UNARMED SECURITY OFFICERS
- TRAINED BY NY PRIVATE POLICE ACADEMY®
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- TEMPORARY/EMERGENCY/SPECIAL EVENTS SECURITY
- APARTMENT & OFFICE BUILDINGS/DOOR & LOBBY SERVICE
- SHOPPING MALLS/STORES/BANKS/ART GALLERIES/MUSEUMS
- HOSPITALS/CLINICS/SCHOOLS/RELIGIOUS FACILITIES/GROUP HOMES
- CONSTRUCTION SITES/NYC FIRE DEPT CERTIFIED FIRE GUARDS
- **Cashguard**® ARMED COURIER SERVICE/BANK DEPOSITS
- **INTELIFAX**® INVESTIGATION SERVICES® /EMPLOYEE & TENANT SCREENING
- TOP SECURITY AT UNBEATABLE RATES SM

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Mark J. Lerner, PhD President & CEO
Criminologist

Steven F. Goldman, Exec. VP
Licensed Private Investigator

Selwyn Falk, CPP Vice Pres.



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SECURITY GUARDS



UNIQUE ID NUMBER

110000003369

State of New York
Department of State

DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY

Control No. 432933

Pursuant to the provisions of

ARTICLE 7 OF THE GENERAL BUSINESS LAW
AND AMENDMENTS THERETO

EPIC SECURITY CORP
2067 BROADWAY
NEW YORK NY 10023

COPY

EFFECTIVE DATE
MO. DAY YR.
06 01 12

EXPIRATION DATE
MO. DAY YR.
05 31 14

HAS BEEN DULY LICENSED TO TRANSACT BUSINESS AS A

PRIVATE INVESTIGATOR

FOR THE TERM OF TWO YEARS FROM DATE HEREOF, TO BE REPRESENTED,
AS PRINCIPAL, BY THE QUALIFIED MEMBER(S) NAMED ON THE ATTACHED:
In Witness Whereof, the Department of State has caused its official seal to be hereunto affixed.

DR. MARK J LERNER - PRES
STEVEN F GOLDMAN - EXEC VP
SELWYN FALK - VP

CESAR A. PERALES
SECRETARY OF STATE

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID AG EPICSE1	DATE (MM/DD/YYYY) 04/16/2013
PRODUCER The Mechanic Group Inc One Blue Hill Plaza, Suite 530 PO Box 1646 Pearl River, NY 10965 Phone: 845-735-0700 Fax: 845-735-8383		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED EPIC Security Corp 2067 Broadway New York, NY 10023		INSURERS AFFORDING COVERAGE	NAIC #
		Insurer A: Darwin Select Insurance Company	24319
		Insurer B: Crum & Forster Indemnity Co	31348
		Insurer C: United States Fire Ins Co	21113
		Insurer D: Berkley Regional Insurance Co	29580

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A			GENERAL LIABILITY	5200-0385	04/16/13	04/16/14	EACH OCCURRENCE	
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000	
			<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			<input checked="" type="checkbox"/> ERRORS & OMISSIONS				MED EXP (Any one person)	\$ 10,000
			GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
			<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMPI/OP AGG	\$ 5,000,000
B			AUTOMOBILE LIABILITY	1337330412	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
			<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
			<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
			<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
							AGG	\$
C			EXCESS/UMBRELLA LIABILITY	582-101114-4	04/16/13	04/16/14	EACH OCCURRENCE	\$ 15,000,000
			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 15,000,000
			<input type="checkbox"/> DEDUCTIBLE					\$
			<input type="checkbox"/> RETENTION \$					\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
			OTHER				E.L. DISEASE - POLICY LIMIT	\$
D			Commercial Crime	BCR7100054512	06/16/12	06/16/13	Fidelity	\$1,000,000

SPECIMEN

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Total Combined Limits of Liability: \$16,000,000. Each Occurrence For General Liability, Automobile Liability, and Umbrella Liability

\$20,000,000. Aggregate For General Liability

CERTIFICATE HOLDER

SPECIMEN COPY - NEW YORK

Comprehensive General Liability

Automobile Liability

Excess Liability

Commercial Crime / Fidelity

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michael Lehner

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	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
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CERTIFICATE HOLDER

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 Automobile Liability
 Excess Liability
 Commercial Crime / Fidelity

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AUTHORIZED REPRESENTATIVE

Michael Lehner



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CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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NEW YORK NY 10023

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POLICYHOLDER

EPIC SECURITY CORP
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NEW YORK NY 10023

CERTIFICATE HOLDER

NYC POLICE DEPARTMENT
1 POLICE PLAZA
NEW YORK NY 10038

POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
Z 1046 962-5	218450	02/01/2005 TO 02/01/2014	5/8/2012

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1046 962-5 UNTIL 02/01/2014, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 02/01/2014 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 48267796